

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90083 020 ***150.00

0397183 AV

DOCUMENT # 186236

1. Entity Name
WEDGWORTH FARMS INC



Principal Place of Business
**651 N.W. 9TH STREET
P.O. BOX 2076
BELLE GLADE FL 33430**

Mailing Address
**651 N.W. 9TH STREET
P.O. BOX 2076
BELLE GLADE FL 33430**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0695314**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCCRACKEN, JOHN B.
505 S. FLAGLER DR., STE. 1100
P. O. DRAWER E
WEST PALM BEACH FL 33402**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	ST			
	MCCROAN, ERNEST J.(ASST)	134 SO. ROYAL PALM DR.	BELLE GLADE FL	
	VD			
	BOYNTON, HELEN J	1140 COUNTRY CLUB CIRCLE	N. PALM BEACH FL	
	PD			
	WEDGWORTH, GEORGE H	EAST PALM BEACH RD.	BELLE GLADE FL	
	STD			
	OETZMAN, BARBARA A	1071 FAIRVIEW LN.	RIVIERA BEACH FL	
	V			
	WEDGWORTH, DENNIS G	13643 STAMFORD DR	WELLINGTON FL	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ernest J. McCroan RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-03

Date

561-996-2076

Daytime Phone #

CR2E034 (10/02)